

Education/Pearls

Behavioral patients provide a unique challenge in danger to the healthcare provider, as well as often losing their decision-making capacity. Patients with mental health disorders often have co-existing medical conditions.

Combative patients with traumatic injury/TBI present a uniquely challenging scenario. The provider must consider the risks of causing hypotension by providing chemical sedation only when absolutely necessary.

- Security is essential:
 - Always be sure to protect yourself and others.
 - Patients who verbalize a danger to self or others may NOT refuse care.
 - Attempt to protect patient from injury, but do not place yourself in danger to do so.
 - Summon law enforcement as necessary.
- Restraints should only be used if necessary:
 - Physical Restraint:
 - Handcuffs are to be placed by law enforcement only. If in law enforcement handcuffs, key must be within proximity of patient care at all times (but not within patient's reach).
 - Place stretcher in sitting position.
 - Do not apply restraints that restrict the patient's chest wall movement.
 - Pearls for extremity restraint:
 - Soft or leather restraints should not require a key
 - Restrain all four extremities to stationary frame of stretcher
 - All restraints must allow quick release
 - Reassess and document neurovascular status of all extremities every 15 minutes
 - Chemical Restraint:
 - Utilize with caution, as all restraint medications can cause respiratory compromise
 - Should be a later consideration for pediatric patients
 - EtCO₂ should be utilized for all patients who receive restraints.
- Excited Delirium Syndrome (ExDS) - common but poorly characterized presentation with a wide differential diagnosis. it is hypothesized to be due to catecholamine excess.
 - Likely to be identified by law enforcement, attempts to control individuals experiencing ExDS, via physical, chemical or electrical restraint are associated with an exceedingly high rate of morbidity and mortality.
 - Mortality is most strongly associated with respiratory depression, severe hyperthermia, and/or acidemia. Of these, profound hyperthermia has the strongest association with mortality. But normal temperature does not rule out ExDS.
 - Typically ExDS patients present with ANY combination of:
 - agitation
 - heightened pain tolerance
 - tachypnea
 - diaphoresis
 - They have a propensity to develop severe acidemia with progression to sudden cardiac arrest, which is why safe positioning, prompt sedation and thorough medical evaluation are necessary for prehospital treatment.
- Apply cardiac monitor and obtain vital signs as soon as possible, particularly when chemical restraints have been administered. Reassess VS every 5 minutes and document patient status, response, and monitor airway.

Behavioral Violent/Combative Administrative Guideline

History <ul style="list-style-type: none"> • Past medical history • Pertinent medication history • Compliance with medications • Recent exacerbating factor(s) • Petitioned or court ordered • Collateral information • Substance abuse history 	Signs and Symptoms <ul style="list-style-type: none"> • Statements of suicidal/homicidal thoughts/ actions • Agitated/violent behavior • Exhibiting behaviors that can be deemed dangerous to self or others • Acute psychological complaint 	Differential <ul style="list-style-type: none"> • Altered mental status related to drug usage • Trauma • Hypoglycemia/Hyperglycemia • Infection/Fever
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